

Clinical Reporting System (CRS) Version 5.0 (2005) Patch 1

Indicator List and Definitions, as of January 26, 2005

The following indicators will be reported in the Clinical Reporting System (CRS) **2005 National GPRA report**. Indicators marked with an asterisk (*) will not be reported in the *IHS Annual Report to Congress* but are included for agency use. Definitions for all indicator topics included in CRS follow below.

DIABETES GROUP

*Diabetes DX Ever
 *Documented HbA1c
 Poor Glycemic Control
 Good (ideal) Glycemic) Control
 *BP Assessed
 Controlled BP
 LDL Assessed
 Nephropathy Assessed
 Retinopathy Exam
 *Depression/Anxiety Screen
 *Influenza Vaccine
 *Pneumovax
 Dental Access Diabetes

DENTAL GROUP

Dental Access General
 Dental Sealants

IMMUNIZATIONS

Influenza Vaccine 65+
 Pneumovax 65+
 Childhood Immunizations (4:3:1:3:3)

CANCER SCREENING

Pap Smear Rates
 Mammogram Rates
 *Colorectal Cancer Screen
 Tobacco Assessment
 *Tobacco Use Prevalence

BEHAVIORAL HEALTH

FAS Prevention
 DV/IPV Screen 15-40

CARDIOVASCULAR DISEASE-RELATED

Obesity Assessment
 *Assessed as Obese
 CVD and Cholesterol Screening

OTHER CLINICAL

Prenatal HIV Testing
 Public Health Nursing

DENOMINATOR DEFINITIONS

- **Active Clinical Population for National GPRA Reporting**
 - Must have two visits to medical clinics in the past three years. At least one visit must be to a core medical clinic. Refer to the CRS 2005 User Manual for listing of these clinics.
 - Must be alive on the last day of the Report period.
 - Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01).
 - Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment area.
- **Active Clinical Population for Local Reports**
 - Must have two visits to medical clinics in the past three years. At least one visit must be to a core medical clinic. Refer to the CRS 2005 User Manual for listing of these clinics.
 - Must be alive on the last day of the Report period.
 - User defines population type: AI/AN patients only, non AI/AN or both.
 - User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.
- **GPRA User Population for Local Reports**
 - Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
 - Must be alive on the last day of the Report period.
 - User defines population type: AI/AN patients only, non AI/AN or both.
 - User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions)
DIABETES GROUP	
Diabetes Prevalence Diabetes Program/ Dr. Charlton Wilson	No changes from 2004. Denominator: User Population patients. Numerators: 1) Anyone diagnosed with diabetes (POV 250.00-250.93) ever. 2) Anyone diagnosed with diabetes during the Report period. Patient List: All patients diagnosed with Diabetes.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions)
<i>Diabetes Comprehensive Care Diabetes Program/ Dr. Charlton Wilson</i>	<p><i>New indicator topic for 2005.</i></p> <p><i>Denominator: <u>Active Diabetic patients</u>, defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.</i></p> <p><i>Numerators: 1) Patients with Hemoglobin A1c documented during the Report Period, regardless of result.</i></p> <p><i>2) Patients with Blood Pressure documented during the Report Period.</i></p> <p><i>3) Patients with LDL completed during the Report Period, regardless of result.</i></p> <p><i>4) Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report period (changed from Version 5.0, which required one of these tests AND an Estimated GFR).</i></p> <p><i>5) Patients receiving any retinal screening during the Report Period, or a documented refusal of a diabetic eye exam.</i></p> <p><i>6) Patients with HbA1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam.</i></p> <p><i>Definitions: For specific definitions, refer to the following topics below: Diabetes: Poor and Ideal Control; Diabetes: Blood Pressure Control; Diabetes: Dyslipidemia Assessment; Diabetes: Nephropathy Assessment; Diabetic Retinopathy.</i></p> <p><i>Patient List: List of diabetic patients with documented tests, if any.</i></p>
Diabetes: Poor Glycemic Control Diabetes: Ideal Glycemic Control Diabetes Program/ Dr. Charlton Wilson	<p>No changes from 2004.</p> <p>Denominators: 1) GPRA: <u>Active Diabetic patients</u>; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below.</p> <p>2) All GPRA User Population patients diagnosed with diabetes prior to the Report Period.</p> <p>3) Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than 5.</p> <p>Numerators:</p> <p>1) GPRA: HgA1c documented during the Report period.</p> <p>2) GPRA: <u>Poor control</u> greater than (>) 9.5</p> <p>3) <u>Fair control</u> HgA1c equals or greater than (>=) 8 and less than or equal to (<=) 9.5</p> <p>4) <u>Good control</u> HgA1c equals or greater than (>=) 7 and less than (<) 8</p> <p>5) GPRA: <u>Ideal control</u> HgA1c less than (<) 7</p> <p>6) Undetermined HgA1c (no result)</p> <p>Definitions:</p> <p>1) HgA1c: CPT 83036, LOINC taxonomy or site-defined taxonomy DM AUDIT HGB A1C TAX.</p> <p>Patient List: All patients diagnosed with Diabetes, with date and value of HgA1c, if any.</p>
Diabetes: Blood Pressure Control Diabetes Program/ Dr. Charlton Wilson	<p>No changes from 2004.</p> <p>Denominators: Three denominators (see Diabetes: Poor Glycemic Control topic above).</p> <p>Numerators: 1) Total with BP value (at least 2 (3 if available) non-ER BPs documented during the Report period)</p> <p>2) GPRA: Controlled BP, < 130/80</p> <p>3) Not controlled BP</p> <p>Patient List: All patients diagnosed with Diabetes, with mean BP value if any.</p>

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Diabetes: Lipids Assessment Diabetes Program/ Dr. Charlton Wilson	<p>No changes from 2004.</p> <p>Denominators: Three denominators (see Diabetes: Poor Glycemic Control topic above).</p> <p>Numerators:</p> <p>1) Documented Lipid Profile OR LDL, HDL and TG (all three), regardless of result</p> <p>2) GPRA: Patients with LDL completed, regardless of result</p> <p>3) LDL < 130; 3A) LDL <= 100; 3B) LDL 101-129</p> <p>Definitions: 1) Lipid Profile: CPT 80061; LOINC taxonomy; site-defined taxonomy DM AUDIT LIPID PROFILE TAX. 2) LDL: CPT 83721; LOINC taxonomy; site-defined taxonomy DM AUDIT LDL CHOLESTEROL TAX. 3) HDL: CPT 83718; LOINC taxonomy; site-defined taxonomy DM AUDIT HDL TAX. 4) Triglyceride (TG): CPT 84478; LOINC taxonomy; site-defined taxonomy DM AUDIT TRIGLYCERIDE TAX</p> <p>Patient List: All patients diagnosed with Diabetes, with date of tests and LDL value, if any.</p>
Diabetes: Nephropathy Assessment Diabetes Program/ Dr. Charlton Wilson	<p>Denominators: Three denominators (see Diabetes: Poor Glycemic Control topic above).</p> <p>Numerators:</p> <p>1) GPRA: <i>Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report period (changed from Version 5.0, which required one of these tests AND an Estimated GFR).</i></p> <p>2) Patients with Estimated GFR with result during the Report period.</p> <p>3) <i>Patients who have had 1) positive urine protein test or if urine protein was negative, then microalbuminuria test, regardless of result AND 2) an Estimated GFR with result during the Report period.</i></p> <p>Definitions: 1) Urine Protein: LOINC taxonomy; site-defined taxonomy DM AUDIT URINE PROTEIN TAX</p> <p>2) Microalbuminuria: CPT codes 82043, 82044; LOINC taxonomy; site-defined taxonomy DM AUDIT MICROALBUMINURIA TAX</p> <p>3) Estimated GFR: Taxonomy BGP ESTIMATED GFR TAX, LOINC 33914-3</p> <p>Patient List: All patients diagnosed with Diabetes, with date of tests and value, if any.</p>
Diabetic Retinopathy Diabetes Program/ Dr. Mark Horton	<p>No changes from 2004.</p> <p>Denominators: Three denominators (see Diabetes: Poor Glycemic Control topic above).</p> <p>Numerator: GPRA: Patients receiving any retinal screening during the Report period or refusal of a diabetic eye exam. Retinal screening is defined as a diabetic retinal exam or other eye exam. 1A) Patients receiving or refusing a diabetic retinal exam. 1B) Patients receiving other eye exams.</p> <p>Definitions: 1) Diabetic Eye Exam: Clinic Code A2 (Diabetic Retinopathy) or Exam Code 03 (Diabetic Eye Exam)</p> <p>2) Other Eye Exam: Non-DNKA (did not keep appointment) visits to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics, and non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes 17, 18, 64; Provider Code 24, 79, 08; CPT 92250, 92002, 92004, 92012, 92014, 92015</p> <p>3) Refusal of Diabetic Eye Exam: Exam Code 03</p> <p>Patient List: All patients diagnosed with Diabetes, with date of screening and code, if any.</p>
Oral Health – Diabetic Access to Dental Services Dental Program/ Dr. Patrick Blahut	<p>Denominator: GPRA: Active Diabetic patients (see Diabetes Comprehensive Care above for definition).</p> <p>Numerators: 1) GPRA: Patients with a documented dental visit during the Report period, <i>including refusals. 1A) Patients with documented refusal during the Report period.</i></p> <p>Definitions: 1) Dental Visit: Dental ADA Code 0000 or 0190, Exam Code 30</p> <p>2) Refusal of Dental Exam: <i>Exam Code 30</i></p> <p>Patient List: All diabetic patients with date of dental visit or refusal and code, if any.</p>

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DENTAL GROUP	
Oral Health – Access to Dental Services Dental Program/ Dr. Patrick Blahut	<p>Denominator: GPRA: GPRA User Population patients.</p> <p>Numerators: 1) GPRA: Patients with documented dental visit during the Report period, <i>including refusals. 1A) Patients with documented refusal.</i></p> <p>Definitions: 1) Dental Visit: Dental ADA Code 0000 or 0190, Exam Code 30 2) <i>Refusal of Dental Exam: Exam Code 30</i></p> <p>Patient List: Patients with documented dental visit or refusal, with date and code.</p>
Oral Health – Dental Sealants Dental Program/ Dr. Patrick Blahut	<p>No changes from 2004.</p> <p>GPRA: Count only (no percentage comparison to denominator). Total number of dental sealants during the Report period. Age breakouts (HP 2010): <12; 12-18; >18.</p> <p>Definitions: Dental Sealant: ADA Code 1351</p> <p>Patient List: Patients who had sealants and the number of sealants received.</p>
IMMUNIZATION GROUP	
Adult Immunizations: Influenza Epi Program/ Amy Groom, MPH	<p>Denominators: 1) Active Clinical patients ages 50 or older. 1A) Ages 50-64. 1B) GPRA: Ages 65 and older. 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition).</p> <p>Numerators: 1) Patients with influenza vaccine documented during the Report period or with documented refusal. 2) <i>Documented patient refusals (REF) or not medically indicated (NMI).</i></p> <p>Definitions: 1) Influenza Vaccine: Immunization/CVX codes 15, 16, 88, or 111; POV V04.8, V04.81, V06.6; CPT 90655, <i>90656</i>, 90657-90660, 90724; ICD Procedure 99.52 2) Refusal of Influenza Vaccine: Immunization/CVX codes: 15, 16, 88, or 111</p> <p>Patient List: Patients ages 50 or older OR with diabetes diagnosis, with date of vaccine and code, if any.</p>
Adult Immunizations: Pneumococcal Epi Program/ Amy Groom, MPH	<p>Denominators: 1) GPRA: Active Clinical patients ages 65 or older. 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition).</p> <p>Numerators: 1) Patients with pneumovax documented ever or who have refused a pneumovax vaccine in the past year. 1A) For Active Diabetics denominator only. Patients with pneumovax documented in past five years or who have refused a pneumovax vaccine in the past year. 2) <i>Documented patient refusals (REF) or not medically indicated (NMI).</i></p> <p>Definitions: 1) Pneumovax Vaccine: Immunization/CVX codes 33, 100, 109; POV V06.6, V03.82, V03.89; ICD Procedure 99.55; CPT 90732, 90669 2) Refusal of Pneumovax Vaccine: Immunization/CVX codes 33, 100, 109</p> <p>Patient List: Patients 65 or older OR with diabetes diagnosis, with date and code of vaccine, if any.</p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions)
<p><i>Childhood Immunizations</i> <i>Epi Program/ Amy Groom, MPH</i></p>	<p><i>New CRS GPRA indicator for 2005.</i></p> <p><i>Denominators: GPRA: Active Clinical patients ages 19-35 months at end of Report period.</i></p> <p><i>Numerators: 1) Patients with 4 doses of DTaP, or who have evidence of the disease, a contraindication, or a documented refusal.</i></p> <p><i>2) Patients with 3 doses of Polio, or who have evidence of the disease, a contraindication, or a documented refusal.</i></p> <p><i>3) Patients with 1 dose of MMR, or who have evidence of the disease, a contraindication, or a documented refusal.</i></p> <p><i>4) Patients with 3 doses of HiB, or who have evidence of the disease, a contraindication, or a documented refusal.</i></p> <p><i>5) Patients with 3 doses of Hepatitis B, or who have evidence of the disease, a contraindication, or a documented refusal.</i></p> <p><i>6) Patients with 1 dose of Varicella, or who have evidence of the disease, a contraindication, or a documented refusal.</i></p> <p><i>Also included for numerators 1-6 are sub-numerators:</i></p> <p><i>A) Patients with a documented refusal.</i></p> <p><i>B) Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented not medically indicated (NMI) refusal.</i></p> <p><i>7) Patients who have received all of their childhood immunizations (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, including refusals, contraindications, and evidence of disease).</i></p> <p><i>8) Patients who have received the 4:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR), including refusals, contraindications, and evidence of disease.</i></p> <p><i>9) GPRA: Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease.</i></p> <p><i>9A) Patients with a documented refusal.</i></p> <p><i>9B) Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented not medically indicated (NMI) refusal.</i></p> <p><i>10) Immunization Program Numerator: Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella (i.e., 4:3:1:3:3:1) NOT including refusals, contraindications, and patients with evidence of disease.</i></p> <p><i>11) Immunization Program Numerator: Patients who have received the 4:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR) NOT including refusals, contraindications, and patients with evidence of disease.</i></p> <p><i>12) Immunization Program Numerator: Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), NOT including refusals, contraindications, and patients with evidence of disease.</i></p> <p><i>Definitions: Detailed descriptions of all codes for these immunizations will be listed in the CRS 2005 User Manual, due to length.</i></p> <p><i>Patient List: Patients ages 19-35 months who have not received ALL of their childhood immunizations, indicating which immunizations they have not received.</i></p>

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CANCER SCREENING GROUP	
Cancer Screening: Pap Smear Rates Epi Program/ Dr. Nathaniel Cobb	<p>Denominator: GPRA: Female Active Clinical patients ages 18 through 64 without a documented history of hysterectomy.</p> <p>Numerators: 1) Patients with documented pap smear in past three years or refusal in <i>past year</i>. 1A) Patients with documented refusal <i>in past year</i>.</p> <p>Definitions: 1) Hysterectomy: V Procedure: <i>68.4-68.8 (revised from 68.3, 68.7, 68.9)</i>; CPT <i>51925, 56308, 58150, 58152, 58200-58294 (removed 58180), 58550-54, 58951, 58953-58954, 59135, 59525.</i></p> <p>2) Pap Smear: A) V Lab: PAP SMEAR; B) POV: V76.2; C) V Procedure: 91.46; D) V CPT: 88141-88167, <i>88174-88175</i>; E) Women's Health: Procedure called Pap Smear; F) LOINC taxonomy; G) Site-defined taxonomy BGP GPRA PAP SMEAR; H) Refusal Lab Test Pap Smear (<i>removed Exam 15 (Pelvic)</i>)</p> <p>Patient List: All patients in the denominator, with date and code of test, if any.</p>
Cancer Screening: Mammogram Rates Epi Program/ Dr. Nathaniel Cobb	<p>Denominator: GPRA: Female Active Clinical patients ages 50 through 64, without a documented bilateral mastectomy <i>or two separate unilateral mastectomies</i>.</p> <p>Numerators: 1) GPRA: Patients with documented mammogram in past two years or refusal in <i>past year</i>. 1A) Patients with documented refusal <i>in past year</i>.</p> <p>Definitions: 1) Bilateral Mastectomy: <i>V CPT: 19180.50 or 19180 w/modifier 09950 (modifier codes .50 and 09950 indicate bilateral); 19200.50 or 19200 w/modifier 09950; 19220.50 or 19220 w/modifier 09950; 19240.50 or 19240 w/modifier 09950; ICD Operation codes: 85.42; 85.44; 85.46; 85.48</i></p> <p>2) Unilateral Mastectomy: <i>Requires two separate occurrences for either CPT or procedure codes on 2 different dates of service. V CPT: 19180, 19200, 19220, 19240; V Procedures: 85.41, 85.43, 85.45, 85.47</i></p> <p>3) Mammogram: A) V Radiology or V CPT: 76090, 76091, 76092, <i>G0206 (Diagnostic Mammography, Unilateral), G0204 (Diagnostic Mammography, Bilateral), G0202 (Screening Mammography, Bilateral)</i>; B) POV: V76.11, V76.12; C) V Procedures: <i>87.36, 87.37 (removed 87.35)</i>; D) Women's Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat; 4) Refusal Mammogram: <i>V Radiology MAMMOGRAM for CPT 76090, 76091, 76092, G0206, G0204, G0202.</i></p> <p>Patient List: Patients in the denominator, with date and code of procedure, if any.</p>

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Colorectal Cancer Screening	<p>Denominator: Active Clinical patients ages 50 and older <i>without a documented history of colorectal cancer</i>, broken out by gender.</p> <p>Numerators: Patients who have had colorectal screening <i>or a documented refusal</i>, defined as any of the following: a Fecal Occult Blood test (FOBT) or Rectal Exam in the past two years; flexible sigmoidoscopy or double contrast barium enema in the past five years; or colonoscopy in the past 10 years (<i>removed rigid proctosigmoidoscopy as definition</i>).</p> <p>A) Patients with Fecal Occult Blood test in the past two years.</p> <p>B) Patients with Rectal Exam in past two years.</p> <p>Definitions: 1) <i>Colorectal Cancer: POV: 153.*, 154.0, 154.1, 197.5.</i></p> <p>2) Fecal Occult Blood lab test (FOBT): CPT 82270, 82274, G0107, 89205 (old); LOINC taxonomy, or site-defined taxonomy BGP GPRA FOB TESTS</p> <p>3) Rectal Exam: V76.41; V Procedure 48.24-29, 89.34 ; V Exam 14</p> <p>4) Flexible Sigmoidoscopy: V Procedure 45.22-<i>45.25 (added codes 45.23, 45.25)</i>, 45.42; CPT 45330-45345, <i>G0104</i></p> <p>5) Double Contrast Barium Enema: (<i>removed procedure 87.64</i>); CPT or VRad: 74270-74280, <i>G0106, G0120</i></p> <p>6) Colonoscopy: V76.51; CPT 44388-44394, <i>44397</i>, 45355, <i>45378-45385</i>, 45387 (<i>removed 45386</i>), 45325 (old), <i>G0105, G0121</i></p> <p>7) <i>Refusals for any tests listed above.</i></p> <p>Patient List: Patients ages 52 and older, with date and code of any related test or procedure, if any.</p>
Tobacco Use Assessment	<p>Denominator: GPRA: Active Clinical patients ages 5 and older, broken down by gender and age groups: 5-13, 14-17, 18-24, 25-44, 45-64, 65 and older (HP 2010).</p> <p>2) Pregnant female patients <i>with no documented miscarriage or abortion during the past 20 months</i>.</p> <p>Numerators: 1) GPRA: Patients screened for tobacco use during the Report period (<i>during the past 20 months for pregnant female patients denominator</i>).</p> <p>2) Patients identified during the Report period (<i>during the past 20 months for pregnant female patients denominator</i>) as current tobacco users.</p> <p>2A) Current smokers.</p> <p>2B) Current smokeless tobacco users</p> <p>3) Patients exposed to environmental tobacco smoke (ETS) during the Report period (<i>during the past 20 months for pregnant female patients denominator</i>).</p> <p>Definitions: 1) Pregnancy: At least 2 visits with POV: V22.0-V23.9, 640.*-648.*, 651.*-676.* during the <i>past 20 months, with one diagnosis occurring during the reporting period</i>.</p> <p>2) Miscarriage: <i>Occurring after the second pregnancy POV. POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830</i></p> <p>3) Abortion: <i>Occurring after the second pregnancy POV. POV: 635*, 636*, 637*, CPT: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857</i></p> <p>4) Tobacco Screening: A) Any Health Factor for category Tobacco. B) POV or Current PCC Problem List 305.1*, V15.82 (tobacco-related diagnosis). C) Dental code 1320. D) Patient Education codes containing "TO-", "-TO", or "<i>-SHS</i>".</p> <p>5) Tobacco Users: A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless. B) POV 305.1, 305.10, 305.11, 305.12 or V15.82. C) Dental 1320</p> <p>6) Current Smokers: A) Health Factors: Current Smoker, Current Smoker and Smokeless. B) 305.1, 305.10, 305.11, 305.12 or V15.82. C) Dental code 1320</p> <p>7) Current Smokeless: A) Health Factors: Current Smokeless, Current Smoker and Smokeless</p> <p>8) Environmental Tobacco Smoke (ETS): Health Factors: Smoker in Home, Exposure to Environmental Tobacco Smoke</p> <p>Patient List: Patients with no screening identified</p>

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Tobacco Cessation	<p>No changes from 2004</p> <p>Denominator: Active Clinical patients identified as current tobacco users prior to the Report period.</p> <p>Numerators: 1) Patients who have received tobacco cessation counseling during the Report period. 2) Patients counseled during the Report period on smoking cessation medications. 3) Patients identified during the Report period as having quit tobacco use.</p> <p>Definitions:</p> <p>1) Current Tobacco Users: A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless. B) Tobacco-related Diagnoses (POV or active Problem List): 305.1, 305.10, 305.11, 305.12 or V15.82. C) Dental code 1320</p> <p>2) Tobacco Cessation Counseling: Patient Education codes containing “TO-Q”, code TO-LA; Clinic Code 94, or Dental Code 1320</p> <p>3) Smoking Cessation Medications: Patient Education code TO-M</p> <p>4) Quit Smoking: POV or Current Active Problem List 305.13, Health Factors Cessation-Smoker, Cessation-Smokeless, Previous Smoker, Previous Smokeless.</p> <p>Patient List: Patients with counseling, if any.</p>
BEHAVIORAL HEALTH GROUP	
Alcohol Screening (FAS Prevention) Indicator	<p>Denominator: GPRA: Female Active Clinical patients ages 15 to 44 (child-bearing age).</p> <p>Numerators: GPRA: Patients screened for alcohol use, who have alcohol-related diagnoses, or who have received alcohol-related education or counseling during the Report period.</p> <p>A) Patients with any Alcohol Health Factor or other screening. B) Patients with alcohol-related diagnoses. C) Patients with alcohol-related patient education or counseling.</p> <p>Definitions:</p> <p>1) Alcohol Screening: Any Alcohol Health Factor; Other Screening: V11.3; V79.1 2) Alcohol-related Diagnoses: POV, Current PCC or BHS Problem List: 303.*, 305.0*; 291.*; 357.5*; BHS diagnoses 10, 27, 29 2) Alcohol Education: All Patient Education codes containing “CD-” <i>or</i> “-CD”</p> <p>Patient List: Women <u>not</u> screened.</p>
Intimate Partner (Domestic) Violence Screening Dr. Theresa Cullen/ Denise Grenier, MSW	<p>Denominators: 1) Female Active Clinical patients ages 13 and older at beginning of Report period. 1A) GPRA: Female Active Clinical patients ages 15-40 (<i>previously 16-24</i>).</p> <p>Numerators: GPRA: Patients screened for or diagnosed with intimate partner (domestic) violence during the Report period, including documented refusals in past year.</p> <p>A) Patients with documented IPV/DV exam. B) Patients with IPV/DV related diagnoses. C) Patients provided with IPV/DV patient education or counseling. D) Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.</p> <p>Definitions: 1) IPV/DV Screening: PCC Exam Code 34 <i>or</i> BHS IPV/DV exam 2) IPV/DV Related Diagnoses: POV, Current PCC or BHS Problem List 995.50, 995.51, 995.53, 995.54, 995.59, 995.8083, 995.85, V15.41, V15.42, V15.49; BHS diagnoses 43.*, 44.* 3) IPV/DV Patient Education: Patient Education codes containing “DV-” <i>or</i> “-DV” 4) IPV/DV Counseling: POV V61.11 5) Refusals: A) <u>Any</u> PCC refusal in past year with Exam Code 34 or BHS refusal in past year of IPV/DV exam; B) <u>Any</u> refusal in past year with Patient Education codes containing “DV-” or “-DV”.</p> <p>Patient List: Women <u>not</u> screened <i>and without documented refusal.</i></p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions)
<p><i>Depression/Anxiety Screening</i> <i>Dr. Theresa Cullen/ Denise Grenier, MSW</i></p>	<p><i>New indicator topic for 2005. Moved previous Diabetes: Mental Health to this topic.</i></p> <p><i>Denominators: 1) Active Clinical patients ages 40 and older.</i></p> <p>2) Active Diabetes patients, defined as: all Active Clinical patients diagnosed with diabetes prior to the Report period, AND at least 2 visits during the Report period, AND 2 DM-related visits ever.</p> <p><i>3) All patients diagnosed with ischemic heart disease prior to the Report period and with at least two CVD-related visits during the Report period.</i></p> <p><i>Numerators: Patients screened for or counseled about depression OR diagnosed with depressive/anxiety/adjustment disorders during the Report period.</i></p> <p>A) Patients screened for or counseled about depression.</p> <p>B) Patients with a diagnosis of depressive/anxiety/ adjustment.</p> <p><i>Definitions: 1) Ischemic heart disease diagnosis: POV 410.0-412.*, 414.0-414.9, 428.*, 429.2.</i></p> <p>2) Depression Screening or Counseling: POV V79.0, Patient Education codes containing "DEP-" (depression), "SB-" (suicidal behavior), "GAD-" (generalized anxiety disorder), "BH-" (behavioral and social health), <i>or "PDEP-" (postpartum depression).</i></p> <p>3) Depressive/Anxiety/Adjustment Disorders: At least 2 visits with POV 296.*, 300.*, 301.13, 308.3, 309.*, 311.* or BHS codes 14, 15, 18, 24</p> <p><i>Patient List: Patients who have not been screened for depressive/anxiety disorders.</i></p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions)
CARDIOVASCULAR DISEASE RELATED GROUP	
Obesity Assessment Nutrition Program/ Jean Charles-Azure	<p>No changes from 2004</p> <p>Denominators: Active Clinical patients ages 2 through 74, broken down into gender and age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74.</p> <p>Numerators: 1) GPRA: All patients for whom BMI can be calculated. A) Of Numerator 1, patients considered overweight, adults BMI 25-29, age 18 and under based on standard tables. B) Of Numerator 1, patients considered obese, adults BMI =>30, age 18 and under based on standard tables. C) Of Numerator 1, total overweight and obese.</p> <p>Definitions: 1) BMI: Calculated using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report period. For 19 through 50, height and weight within last five years, not required to be on same day. For over 50, height and weight within last two years, not required to be on same day.</p> <p>Patient List: Patients for whom a BMI could NOT be calculated.</p>
<i>Childhood Obesity Reduction</i>	<p><i>New indicator topic for 2005.</i></p> <p><i>Denominator: Active Clinical Patients 2-6, broken out by age groups.</i></p> <p><i>Numerators: 1) Patients for whom a BMI could be calculated.</i></p> <p><i>A) Patients with BMI 85-94%. B) Patients with a BMI 95% and up. C) Patients with a BMI =>85%.</i></p> <p><i>Definitions: 1) Age: All patients who are between the ages of 2 and 6 at the beginning of the Report Period and who do not turn age 7 during the Report Period are included in this indicator. Age in the age groups is calculated based on the date of the most current BMI found. If no BMI is found then the patient falls into the age group for the age they were on the first day of the report period. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the age 3 group.</i></p> <p><i>2) BMI: CRS looks for the most recent BMI in the report period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this indicator reported differently than in Obesity Assessment since this age group is children ages 2-6, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%. Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for At-risk for Overweight or Overweight.</i></p> <p><i>Patient List: Patients ages 2-6, with current BMI, if any.</i></p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions)
<p>Nutrition and Exercise Education for At Risk Patients</p> <p>Patient Education Program/ Mary Wachacha</p> <p>Nutrition Program/ Jean Charles-Azure</p>	<p>No changes from 2004</p> <p>Denominators: 1) Active Clinical patients ages 6 and older considered overweight (including obese), defined as adults with BMI \Rightarrow 25, ages 18 and under based on standard tables.</p> <p>1A) Patients considered obese, defined as adults with BMI \Rightarrow 30, ages 18 and under based on standard tables. Broken out by gender and age groups: 6-11, 12-19, 20-39, 40-59, \Rightarrow 60 (HP 2010).</p> <p>2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition).</p> <p>Numerators: During the Report period: 1) Patients provided with medical nutrition counseling.</p> <p>2) Patients provided with nutrition education.</p> <p>3) Patients provided with exercise education.</p> <p>4) Patients provided with other related education.</p> <p>Definitions: 1) Medical Nutrition Counseling: CPT 97802-97804, G0270, G0271; or provider codes 07, 29, 97 or 99; or clinic codes 67 or 36</p> <p>2) Nutrition Education: Patient Education codes ending “-N” or old codes containing “-DT” (diet); POV V65.3</p> <p>3) Exercise Education: Patient Education codes ending “-EX”; POV V65.41</p> <p>4) Other Related Education: Patient Education codes ending “-LA” or containing “OBS-”</p> <p>Patient List: Patients defined as at risk, with date and codes, if any.</p>
<p>Cardiovascular Disease and Cholesterol Screening</p> <p>Dr. James Galloway/ Mary Wachacha</p>	<p>CRS GPRA indicator for 2005, renamed from Cardiovascular Disease Prevention: Cholesterol Screening</p> <p>Denominators: Active Clinical patients ages 23 <i>and older (previously 23-70)</i>; broken out by gender.</p> <p>Numerators: 1) GPRA: Patients with documented cholesterol screening any time during past five years, regardless of result.</p> <p>2) <i>With high cholesterol, defined as \Rightarrow 240.</i></p> <p>3) <i>With LDL completed, regardless of result.</i></p> <p>4) <i>LDL \leq 100.</i> 5) <i>LDL 101-130.</i> 6) <i>LDL 131-160.</i> 7) <i>LDL $>$ 160.</i></p> <p>Definitions: 1) Total Cholesterol Panel: CPT 82465; LOINC taxonomy; site-defined taxonomy DM AUDIT CHOLESTEROL TAX. <i>Removed Lipid Profile as definition.</i></p> <p>2) LDL: CPT 83721; LOINC taxonomy; site-defined taxonomy DM AUDIT LDL CHOLESTEROL TAX</p> <p>Patient List: Patients in the denominator, with date and test, if any.</p>
<p>Cardiovascular Disease and Blood Pressure Control</p> <p>Dr. James Galloway/ Mary Wachacha</p>	<p>Renamed from Cardiovascular Disease Prevention: Blood Pressure Control</p> <p>Denominators: 1) <i>All Active Clinical patients ages 20 and over, broken down by gender (removed exclusion for patients with any diabetes diagnosis).</i></p> <p>2) <i>All User Population patients ages 20 and older, broken down by gender (removed exclusion for patients with any diabetes diagnosis).</i></p> <p>Numerators: 1) Patients with BP values documented.</p> <p>2) Patients with normal BP, $<$ 120/80.</p> <p>3) Pre-hypertension I, \Rightarrow 120/80 and $<$ 130/80.</p> <p>4) Pre-hypertension II, \Rightarrow 130/80 and $<$ 140/90.</p> <p>5) Stage 1 hypertension, \Rightarrow 140/90 and $<$ 160/100.</p> <p>6) Stage 2 hypertension, \Rightarrow 160/100.</p> <p>Definitions: 1) BP Values (all numerators): Uses the last 2 blood pressures documented on non-ER visits for the patient in the past two years. If the systolic and diastolic values do not BOTH meet one of the five categories listed above, then the value that is <u>least</u> controlled determines the category.</p> <p>Patient List: Patients \Rightarrow 20 w/ denominator identified & mean BP, if any.</p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions)
<p>Controlling High Blood Pressure</p> <p>Dr. James Galloway/ Mary Wachacha</p>	<p>Denominator: Active Clinical patients ages 46 through 85 diagnosed with hypertension.</p> <p>Numerators: 1) Patients with BP values documented.</p> <p>2) Patients with normal BP, <120/80.</p> <p>3) Pre-hypertension I, => 120/80 and < 130/80.</p> <p>4) Pre-hypertension II, =>130/80 and < 140/90.</p> <p>5) Stage 1 hypertension, => 140/90 and <160/100.</p> <p>6) Stage 2 hypertension, => 160/100.</p> <p>Definitions: 1) Hypertension: Diagnosis (POV or problem list) 401.* (<i>changed from 401.*-405</i>) prior to the Report period, and at least one hypertension POV during the Report period.</p> <p>2) BP Values (all numerators): Uses the last 2 blood pressures documented on non-ER visits for the patient in the past two years. If the systolic and diastolic values do not BOTH meet one of the five categories listed above, then the value that is <u>least</u> controlled determines the category.</p> <p>Patient List: Patients in the denominator, with BP value, if any.</p>
<p><i>Comprehensive CVD-Related Assessment</i></p> <p>Dr. James Galloway/ Mary Wachacha</p>	<p><i>New indicator topic for 2005.</i></p> <p>Denominators: 1) <i>Patients ages 46 and older who are not diabetic.</i></p> <p>2) <i>Active Diabetic patients (see Diabetes Comprehensive Care above for definition) ages 46 and older.</i></p> <p>Numerators: 1) <i>Patients with Blood Pressure value documented at least twice in prior two years.</i></p> <p>2) <i>With LDL completed in past five years, regardless of result.</i></p> <p>3) <i>Screened for tobacco use during the Report period.</i></p> <p>4) <i>For whom a BMI could be calculated.</i></p> <p>5) <i>Who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report period.</i></p> <p>6) <i>Screened/counseled/diagnosed with depression or anxiety disorders at any time during the Report period.</i></p> <p>7) <i>Patients with ALL assessments above.</i></p> <p>Definitions: <i>Age of the patient is calculated at beginning of the Report period. Patients without diabetes are defined as no diabetes diagnosis ever (POV 250.00-250.93).</i></p> <p><i>For specific definitions, refer to the following topics above: Controlling High Blood Pressure; Diabetes and Lipids Assessment; Tobacco Use Assessment; Obesity Assessment; Nutrition and Exercise Education for At Risk Patients; and Depression/Anxiety Screening.</i></p> <p>Patient List: <i>TBD.</i></p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions)
STD-RELATED GROUP	
Prenatal HIV Testing and Education Dr. Theresa Cullen/ Dr. Charlton Wilson/ Jeanne Bertolli, PhD	<p>CRS GPRA indicator for 2005</p> <p>Denominator: GPRA: All pregnant patients with no documented <i>miscarriage or abortion during the past 20 months</i> and NO recorded HIV diagnosis ever.</p> <p>Numerators: 1) Patients who received counseling and/or patient education about HIV and testing during <i>the past 20 months</i>.</p> <p>2) GPRA: Patients who received HIV test during <i>the past 20 months</i>, including refusals.</p> <p>2A) Number of documented refusals.</p> <p>Definitions: 1) Pregnancy: At least 2 visits with POV: V22.0-V23.9, 640.*-648.*, 651.*-676.* <i>during the past 20 months, with one diagnosis occurring during the reporting period.</i></p> <p>2) Miscarriage: <i>Occurring after the second pregnancy POV and during the past 20 months.</i> POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830</p> <p>3) Abortion: <i>Occurring after the second pregnancy POV and during the past 20 months.</i> POV: 635*, 636*, 637*, CPT: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857</p> <p>4) HIV: V POV or Problem List: 042.0-044.9, V08, 795.71</p> <p>5) HIV Counseling/Patient Education: POV: V65.44, Patient Education codes containing "HIV-" or HIV diagnosis 042.0-044.9, V08, 795.71</p> <p>6) HIV Test: CPT: 86689, 86701-86703, 87390, 87391; LOINC taxonomy; site-defined taxonomy BGP GPRA HIV TESTS</p> <p>7) Refusal of HIV Test: Lab Test HIV</p> <p>Patient List: Patients not screened.</p>
HIV Quality of Care Dr. Theresa Cullen/ Dr. Charlton Wilson/ Jeanne Bertolli, PhD	<p>No changes from 2004.</p> <p>Denominator: Patients 13 and older with at least 2 direct care visits (i.e. not contract/CHS) during the Report period with HIV diagnosis AND 1 HIV visit in last 6 months. Broken out by gender.</p> <p>Numerators: 1) Patients who received CD4 test only (without PCR viral load) during the Report period.</p> <p>2) Patients who received HIV Viral load only (without CD4), as measured by PCR or a comparable test, during the Report period.</p> <p>3) Patients who received both CD4 and HIV viral load tests during the Report period.</p> <p>4) Total patients receiving tests.</p> <p>Definitions: 1) HIV: POV or Problem List 042.0-044.9, V08, or 795.71</p> <p>2) CD4: CPT 86361; LOINC taxonomy; site-defined taxonomy BGP CD4 TAX</p> <p>3) HIV Viral Load: CPT 87536, 87539; LOINC taxonomy; site-defined taxonomy BGP HIV VIRAL TAX</p> <p>Patient List: None</p>
Chlamydia Screening	<p>Denominators: 1) Female Active Clinical patients ages 16 through 25, broken down into age groups 16-20 and 21-25.</p> <p>Numerator: Patients tested for chlamydia trachomatis during the Report period.</p> <p>Definitions: Chlamydia: V73.88, V73.98; CPT: 87110, 87270, 87320, (<i>removed 87485-87487; not for genital Chlamydia infection</i>), 87490-87492, 87810; site-defined taxonomy BGP GPRA CHLAMYDIA TESTS; LOINC taxonomy</p> <p>Patient List: Patients with no documented screening.</p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Bold italic type</i> indicates new or edited definitions)
DISEASE-SPECIFIC	
Asthma	<p>No changes from 2004</p> <p>Denominators: 1) Active Clinical patients, broken out by age groups: <5, 5-64; 65 and older (HP 2010)</p> <p>Numerators: 1) Patients who have had 2 asthma-related visits during the Report period OR who are Active patients in the Asthma Register System (ARS) and categorized as persistent (i.e. Severity 2, 3 or 4). 2) Patients from the first numerator who have hospital visits for asthma during the Report period.</p> <p>Definitions: 1) Asthma: POV 493.* 2) Hospital Visit: Service Category H with <u>primary</u> POV 493.*</p> <p>Patient List: Patients in the numerator.</p>
<p><i>Chronic Kidney Disease Assessment</i></p> <p><i>Kidney Disease Program/ Dr. Andrew Narva</i></p>	<p><i>Denominator: All patients 17 and older with serum creatinine test in past year.</i></p> <p><i>Numerators: 1) Patients with Estimated GFR result (lab test Estimated GFR). 1A) with GFR <60</i></p> <p><i>Definitions: 1) Creatinine definition: CPT 82540, 82565-75; LOINC taxonomy; site-defined taxonomy DM AUDIT CREATININE TAX. 2) Estimated GFR definition: site-defined taxonomy BGP GPRA ESTIMATED GFR TAX, LOINC code 33914-3.</i></p>
OTHER CLINICAL INDICATORS	
<p>Medications Education</p> <p>Patient Education Program/ Mary Wachacha</p>	<p>Denominator: 1) Active Clinical patients with medications dispensed <u>at their facility</u> during the Report period.</p> <p>Numerator: 1) Patients who were provided patient education about their medications in ANY location.</p> <p>Definitions: 1) Dispensed Medications: Any entry in the VMed file for your facility. 2) Medication Education: Patient Education codes M-I, M-DI, M-FU, M-L, <i>DMC-IN</i>, or any Patient Education containing “-M”.</p> <p>Patient List: Patients in the denominator, with date and Patient Education codes, if any.</p>
<p>Public Health Nursing</p> <p>Barbara Fine, RN</p>	<p>No changes from 2004.</p> <p>Denominators: 1) User Population patients. 2) GPRA: Number of <u>visits</u> by PHNs in any setting, including Home, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders). 3) GPRA: Number of <u>visits</u> by PHNs in Home setting, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders).</p> <p>Numerators: 1) For User Population denominator only, the number of patients in the denominator served by PHNs in any setting. 2) For User Population denominator only, the number of patients in the denominator served by PHNs in a Home setting.</p> <p>Definitions: 1) PHN Visit-Any Setting: Any visit with primary or secondary provider codes 13 or 32 or clinic code 45. 2) PHN Visit-Home: Any visit with A) clinic code 11 or Location Home (as defined in Site Parameters) <u>and</u> B) primary or secondary provider code 13 or 32.</p> <p>Patient List: Any patient who received any PHN visit.</p>